

### Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** TRANSITION HOUSE II (310567)

**Address:** 5905 19TH AVE, KENOSHA, WI 53140

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1986

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0092109    **End Date:** 02/12/2004    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0090679    **End Date:** 07/10/2003    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10006816    Served 07/29/2003

Deficiencies Cited  
83.53(4)(b)

Subject Area  
HANDRAILS

Compliance  
Verified  
02/12/2004

Corrected  
Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Complaint History**

**Date Complaint Received: 06/12/2003**

**Date Investigation Completed: 07/10/2003**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED

SOD #

NOT RECORDED

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